2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000106323

1. Entity Name

ALL REAL ESTATE TITLE SERVICES INC.



FILED Feb 12, 2004 8:00 am Secretary of State 02-12-2004 90012 046 ***158.75

Procepted Place of Business Mailing Address TAMPA R 1 59003	ALL NEAL ESTATE TITLE SERVICES, INC.									
1016 WEST HILLSBOROUGH AVE. 1016 WEST HILLSBOROUGH AVE. TAMPA FL 38609 2. Principal Place of Business 3. Malling Address MORE CR26034 (11/63) Applicable Cry & State Cry &	Principal Place of Business A		Mailing Address	Mailing Address						
Sulfe. Apt. #, etc.: Sulfe. Apt. #, etc.: Sulfe. Apt. #, etc.: MOORE CR26034 (11/03) City & State	1016 WEST HILLSBOROUGH AVE.		1016 WEST HILLSBOROUGH AVE.							
Sulfe. Apt. #, etc.: Sulfe. Apt. #, etc.: Sulfe. Apt. #, etc.: MOORE CR26034 (11/03) City & State	2 Principal Place of Business 3 Mailion Address									
City & State Country Country Country S. Certificate of Status Determine Streed Address of Status Determine Streed Address (P.O. Biox Number is Not Acceptable) City FL Zip Code City Streed Address (P.O. Biox Number is Not Acceptable) City FL Zip Code	a Chilopai riade di Dualifeas		• Hading rootess		1,-					
Sp. 3755000 Note Applicable Sp. 2755000 Sp.	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			MOORE	CR2E034	(11/03)		
So. Name and Address of Current Registered Agent LANDIS, BRENDA R 19502 COACHLIGHT WAY LUTZ FL 33549 City City FL Zip Code City City FL Zip Code City C	City & State		City & State		-	4. FEI Number 59-37550	00	⊢		
LANDIS, BRENDA R 19502 COACHLIGHT WAY LUTZ FL 33549 6. The above named cnity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I sur familiar with, and accept the odigations of registered agent. SIGNATURE SIGNATURE Copones layed or smitt area of registered agent. FILE NOW!!! FEE: IS \$150.00 After May 1: 2004 Fee will be \$505.00 Make Check Payable to Florida Department of State TO. OFFICERS AND DIRECTORS TO. DIREC	Zip	Country	Zip	Country		5. Certificate of Status Desired	X	\$8.75 Ad Fee Requir	Iditional ed	
LANDIS, BRENDA R 19502 COACHLIGHT WAY LUTZ FL 33549 City FL City FL Zip Code City FL Zip Code City FL Zip Code FL Zip Code FLE NOWIll FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Organization of State OFFICERS AND DIRECTORS ITIL D ALDIS, BRENDA R LANDIS, BRENDA R LANDIS, BRENDA R ITIL D LANDIS, MERCHARESS ITIL ANDIS, MICHAEL J 19502 COACHLIGHT WAY LITZ FL 33549 ITIL TAMPA FL 33604 ITIL MAKE SIRET AUGRESS ITIL SIGNARESS ITIL ANDIS, MICHAEL J DADITIONS/CHAREL J 19502 COACHLIGHT WAY LITZ FL 33549 ITIL D CRAMPA FL 33604 ITIL MAKE SIRET AUGRESS ITIL ANDIS, MICHAEL J 19502 COACHLIGHT WAY LITZ FL 33549 ITIL ANDIS, MICHAEL J 19502 COACHLIGHT WAY LITZ FL 33549 ITIL LANDIS, MICHAEL J 19502 COACHLIGHT WAY LITZ FL 33549 ITIL LANDIS, MICHAEL J 19502 COACHLIGHT WAY LITZ FL 33549 ITIL LANDIS, MICHAEL J 19502 COACHLIGHT WAY LITZ FL 33549 ITIL LANDIS, MICHAEL J 19502 COACHLIGHT WAY LITZ FL 33549 ITIL LANDIS, MICHAEL J 19502 COACHLIGHT WAY LITZ FL 33549 ITIL LANDIS, MICHAEL J 19502 COACHLIGHT WAY LITZ FL 33549 ITIL LANDIS, MICHAEL J 19502 COACHLIGHT WAY LITZ FL 33549 ITIL LANDIS, MICHAEL J 19502 COACHLIGHT WAY LITZ FL 33549 ITIL LANDIS, MICHAEL J 19502 COACHLIGHT WAY LITZ FL 33549 ITIL LAN		6. Name and Address of Current			7. Name and Address of New	Registered	Agent			
Sirear Address (IFO Box Number is Not Acceptable) City	LANDIC DENDA D				Name					
E. The above named entity submits mis statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE	19502 COACHLIGHT WAY			Street A	Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the ourpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Comment	LOT	Z I L 3334 3								
SIGNATURE Signature from or pregistered agent and filter dispolations. (NOTE Registered Agent Egrature required when romotiting) DATE				City			FL	Zip Cor	de	
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR